



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

U.S. PATENT APPLICATION SERIAL NO.09/874,026
FILING DATE6 June 2001
INVENTORS Samuel A. Johnson et al.
ASSIGNEE S. A. Robotics
GROUP ART UNIT 2872
EXAMINER Consilvio, Mark J.
ATTORNEY'S DOCKET NO. 46473.0012
TITLE "Adjustable Telescope Tracking Platform"

TRANSMITTAL LETTER AND CERTIFICATE OF MAILING

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

From: D. Delos Larson
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Enclosed are the items listed below submitted regarding the matter identified above:

1. Transmittal Letter with Certificate of Mailing included
2. PTO Return Postcard Receipt
3. Response to Office Action
4. Fee Transmittal
5. Check for \$525.00

Deposit Account Authorization - The Commissioner is hereby authorized to charge payment of any applicable fees to Deposit Account No. 08-2623.

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By: D. Delos Larson
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PTO/SB/17 (12-04v2)

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FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 525.00

Complete if Known

Application Number	09/874,026
Filing Date	6 June 2001
First Named Inventor	Samuel A. Johnson
Examiner Name	Mark J. Consilvio
Art Unit	2872
Attorney Docket No.	46473.0012

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
25 - 20 or HP =	5	x 25 =	125.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
11 - 3 or HP =	4	x 100 =	400.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)**SUBMITTED BY**

Signature	<i>D. Delos Larson</i>	Registration No. (Attorney/Agent) 46,118	Telephone (801) 517-7843
Name (Print/Type)	D. Delos Larson		Date 21 June 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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